



The primary operational TBI component of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury

Brainwaves

DVBIC Brainwaves • Fall/Winter 2009

DVBIC Phone: (800) 870-9244 • Website: www.DVBIC.org

Message from

Col Michael S. Jaffee, MD

USAF, MC, FS
National Director, DVBIC



It is a time of tragic loss for our extended family. We have worked with the US Army Surgeon General's office and the leadership

at Fort Hood to rapidly respond to the needs of our Fort Hood colleagues and to sustain the traumatic brain injury (TBI) mission during this challenging time. This event reinforces the importance of home and family.

It has been an honor for DVBIC to explore new frontiers by serving on the tri-service, multi-agency "Gray Team," dedicated to improving systems of care for in-theater TBI. In October, the Gray Team returned to Afghanistan with the mission to focus on improved implementation of TBI assessment and care of our Service Members. This mission was critical to transition our system of care for concussion/mTBI in the deployed setting from a self-report system to an incident-based system. I subsequently had the privilege of serving as the senior military US delegate to the North Atlantic Treaty Organization (NATO) concussion/mTBI committee, where it was reported that more of our allies had adapted DVBIC's deployed screening and evaluation system for concussion/mTBI.

As the holidays approach, we remember those who are far from home on battlefields and duty stations around the world, as well as those who have returned and are adjusting to a new life. We also honor their family members and friends.

Our condolences are extended following the loss of one of the original congressional architects of DVBIC, Senator Edward M. Kennedy. We hope that DVBIC's efforts in the field of TBI contribute to his lasting legacy.

The DVBIC network always stands ready to assist those who need our help, through evidence-based care, education and research. We wish you all the best, now and always.

"No single entity has done more to advance our knowledge, increase our understanding, and improve our ability to diagnose and treat traumatic brain injury than the Defense and Veterans Brain Injury Center. Through its cutting edge research, state-of-the-art clinical care, and innovative initiatives, the DVBIC is fulfilling the Nation's promise to care for those injured in the service of our country."



Ellen P. Embrey
Performing the Duties of Assistant Secretary of Defense for Health Affairs



Nursing Management of Adults With Severe TBI

Nurses offer a unique perspective on the full impact of traumatic brain injury (TBI) due to their significant role in the course of a patient's recovery. Because TBI is currently a diagnosis of significant interest among researchers – particularly related to blast injury – new medical, nursing and rehabilitation treatments continue to emerge.

In order to provide resources and recommendations for best practices based on current evidence, the American Association of Neuroscience Nurses (AANN), with support from DVBIC, has developed a new clinical practice guideline, *Nursing Management of*

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DVBIC Site Profile: Virginia NeuroCare (VANC)



Virginia NeuroCare (VANC), a DVBIC site in Charlottesville, Virginia, opened in 2000 as a congressionally mandated pilot program for community re-entry and rehabilitation, funded by the Department of Defense through DVBIC. Programs are offered exclusively to injured active duty Service Members, Veterans, active duty dependents, and members of the National Guard or Reserve who sustained a TBI and have received care in a military treatment facility. VANC assists these individuals in preparing for return to home, work and/or duty.

Up to eight residents stay in a home in the community staffed by a full-time house manager and round-the-clock direct care supervision. Residents may select from 27 vocational trial positions in the community (including VANC's own bookstore and art gallery, Paintings and Prose), where their volunteer work provides real-life work experience.

VANC serves as a model of innovative community re-integration and collaborates closely with the University of Virginia School of Medicine. It is centrally located in the community and utilizes cutting edge technology. On September 25, 2009, VANC hosted the dedication and grand opening of its greenhouse and onsite "Jimnasium," named in honor of a donor. The greenhouse will offer horticulture

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2009 TBI Military Training Conference



DVBIC Headquarters staff organized the TBI military training conference.

On behalf of the Department of Defense, DVBIC was pleased to organize and convene the Third Annual Military Training Conference on Traumatic Brain Injury (TBI), held September 17-18, 2009 in Washington, DC.

Adm Michael Mullen, USN, Chairman of the Joint Chiefs of Staff, provided the opening address and stressed the importance of work being done to standardize the assessment, treatment and management of TBI among injured Service Members. He emphasized the urgency of the need for these tools and protocols now. Next on the agenda were

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A **traumatic brain injury (TBI)** is caused by a blow/jolt to the head or penetrating head injury that disrupts the normal function of the brain. Not all blows/jolts to the head result in a TBI. TBI severity may range from **mild** (a brief change in mental status or consciousness) to **severe** (an extended period of unconsciousness or amnesia after injury). The terms **concussion** and **mild TBI** are interchangeable.

DVBIC has been proud to facilitate and support multimedia excellence. DVBIC collaborated with the DoD's own Center of Excellence for Medical Multimedia (CEMM), headquartered at the US Air Force Academy, in the development of the online educational resource, *Traumatic Brain Injury: The Journey Home*, available at www.TraumaticBrainInjuryAtoZ.org.

The International Health and Medical Media Awards, known as the Freddies, recognize high quality websites and products that address health or medical issues for consumers or healthcare professionals. This CEMM multimedia program, with many features to include an interactive brain, received the top industry award, a Freddie, in the 2009 Neurological Disorders category.

Brainline.org, a multimedia website that offers information and resources on preventing, treating and living with traumatic

brain injury (TBI), is funded by DVBIC and produced by WETA-TV-FM, a Washington, DC area public broadcasting company. Brainline.org has received six awards, including a prestigious 2009 Freddie for Best Web Site.

Additional recent awards for brainline.org include:

- 2009 Interactive Media Award for Best in Class in Health/Nutrition
- 2009 Web Marketing Association's Non-Profit Standard of Excellence WebAward
- 2009 American Speech-Language-Hearing Association (ASHA) Media Award
- 2009 International Academy of the Visual Arts Silver W3 Award for creative excellence, in the Health category
- Bronze 2009 World Wide Web Health Award in the Health Promotion/Disease & Injury Prevention Information category.



Nursing Management of Adults With Severe TBI ...con't from pg 1

Adults With Severe TBI (available at www.aann.org/pubs/). This essential resource translates the latest research into an easy-to-use reference for registered nurses, intensive care unit personnel and institutions in providing safe, effective and optimal care to adults with severe TBI. It parallels the *Guidelines for the*

Management of Severe TBI, published in 2007 by leading TBI physicians (available at www.braintrauma.org).

The new clinical practice guideline is not intended to replace formal learning, but rather to augment the clinician's knowledge base and serve as a readily accessible reference tool.



DVBIC Recognized for TBI Work in DoD Technical Report

A recent technical report commissioned by the Department of Defense (DoD) recognized DVBIC for its role in developing the criteria, instruments and measures used by military and veterans medical facilities to assess and diagnose concussion/mild traumatic brain injury (mTBI).

The Survivability/Vulnerability Information Analysis Center issued the 44-page document, *Screening and Diagnosis of Military mTBI: Review and Analysis*, on behalf of the US Army Medical Research & Materiel Command. Findings were based on a search of more than 10 years of peer-reviewed research literature involving concussion/mTBI patients treated at DoD or Department of Veterans Affairs (VA) facilities.

According to the report, "Even within the limited existing literature, it is evident that researchers are now making use of screening criteria, instruments, and other resources developed and made available through DVBIC. The DVBIC now plays a central

role in performing and advancing research that will directly benefit military Service Members and Veterans with TBI."

Noting that "new and additional methods are needed to improve the accuracy and efficiency of mTBI diagnosis, and to inform prognosis, symptom treatment, and functional recovery," the report recommended several areas for further research, including biomarkers, electroencephalographic (EEG) testing, neuropsychological and behavioral tests, emerging neuroimaging technology, mathematical modeling and computer/numerical simulation, and comorbidities such as post traumatic stress disorder (PTSD).

The report concluded that "the optimal approach to mTBI diagnosis is to provide an inclusive multidisciplinary assessment and adjunctive testing tailored to the context of the patient.... Many if not all of these objectives are implicit if not yet fully realized in DoD case management guidance."

DoD Traumatic Brain Injury Numbers

TBI



DoD Releases Official TBI Numbers on DVBIC.org: Using electronic medical records, the Department of Defense has compiled the number of Service Members diagnosed with TBI and determined the severity of the injury on an annual basis dating back to 2000. For details, visit www.DVBIC.org/TBI-Numbers.aspx.

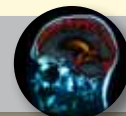


therapy and the gymnasium will provide modern equipment for exercise and physical rehabilitation.

VANC offers the following transitional services: comprehensive evaluation, outpatient therapy, vocational training, vocational counseling services through the University of Virginia and innovative community re-entry services. The length of stay in the program varies according to the needs of the resident but averages three months. A full complement of healthcare professionals is available, including an internal medicine physician, occupational therapists, physical therapists, clinical behavioral psychologists, neuropsychologists, a speech-language-hearing therapist, case managers, substance abuse counselors, a vocational specialist and a community outreach education coordinator.

This pilot program has been considered a success, with a solid return-to-duty rate. These results helped to inform the Department of Veterans Affairs (VA) decision to incorporate community re-entry programs at their polytrauma centers. For more information, please visit www.DVBIC.org/Locations/Sites/Charlottesville,-VA.aspx.

2009 TBI Military Training Conference ...con't from pg 1



Dr. Thomas McAllister received a plaque from Col Michael S. Jaffee, MD after delivering the Deborah L. Warden, MD Lecture.

the keynote speakers, Bob and Lee Woodruff, who shared their inspiring story of how, as a couple and family, they weathered the storm of TBI sustained by Mr. Woodruff in Iraq in 2006.

Dr. Thomas McAllister, Millennium Professor of Psychiatry and Director of Neuropsychiatry at Dartmouth Medical School, was awarded the Deborah L. Warden, MD Lectureship, which honors excellence in research and education in TBI.

Conference scientific and clinical presenters were experts in TBI and provided the audience with the most up-to-date information on this topic. Breakout sessions provided skills in assessment and management of symptoms associated with TBI such as sleep issues, headaches, substance abuse and neuropsychological problems.

The conference was attended by 832 military and veterans health providers, 70% of whom were attending this training conference for the first time. Military health providers from The Netherlands, United Kingdom and Canada also were present.



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